

Provider Inspection Summary
For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS AS (SEMIAMBULATORY)

Facility Information

Facility Name: MAEHNOWESEKIYAH WELLNESS CENTER (410032)
Address: N2150 KESAEHKAHTEK, GRESHAM, WI 54128
License Status: REGULAR
Licensed/Certified/Registered 12/01/1987
Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0096219 **End Date:** 12/21/2005 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009500 Served 01/25/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(b)2.d	MEDICATION STORAGE SHALL BE LOCKED		

Survey ID: 0091479 **End Date:** 10/21/2003 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10006351 Served 11/04/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(7)(b)	CONTINUING EDUCATION	12/09/2005	Yes
83.21(4)(w)	SAFE ENVIRONMENT	12/09/2005	Yes
83.33(3)(a)1	PRACTITIONER'S WRITTEN ORDER FOR MEDS	12/09/2005	Yes
83.42(6)(a)	FIRE INSPECTION	12/09/2005	Yes
83.43(4)(b)3	BATTERY OPERATED AND 5 YEAR DELAY	12/09/2005	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Enforcement History

Date: 11/03/2003 **SOD #**10006351 **Appealed:** Yes **Decision:** WITHDRAWN APPEAL (NO STIPULATIO

Sanctions

FORFEITURE---83.14(7)(b)

FORFEITURE---83.21(4)(w)

FORFEITURE---83.43(4)(b)3 + 10/da

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